

# CATHOLIC MUTUAL... "CARES"

## MISSION WORK TRIPS/SERVICE PROJECTS

Youth ministers are constantly striving to look for ways to involve their youth in fun, yet challenging experiences. One particular activity growing in popularity is the participation in work mission trips or service projects.

Participation in work mission or service projects can be rewarding both physically and spiritually. However, keeping the participants safe should be the number one concern to ensure their missionary experience does not result in unpleasant consequences. The following guidelines should be followed for all work missions or service project trips:

### Preparing for the Trip

1. These trips should not be led by inexperienced leaders. There are many reputable organizations that provide the setup work for work missions. It is recommended to work closely with these organizations and take advantage of their expertise in this area.
2. If possible, the designated leader should make an advance visit to the area to assist in foreseeing any potential risks that may be encountered during the trip. Any foreseen or unforeseen problems should be properly planned for in advance. The safety and security of all participants should be carefully assessed. Some areas to keep in mind are: Will additional security need to be provided onsite? What is the distance to the nearest medical facility? What medical services are available? Will the participants require additional vaccinations depending upon the location of the trip? (An updated tetanus shot should be required).
3. Create a plan of action to respond to any emergency. Even the worst case scenario should be thought through to plan a response.
4. Check for any U.S. Travel Alerts/Warnings if trip is planned outside of the United States by visiting <http://travel.state.gov/content/passports/english/alertswarnings.html>.
5. Confirm there are adequate facilities for housing all of the participants of the group in one location, including all adult chaperones.
6. If the trip is to a non-English speaking location, arrange to have someone that speaks the language travel with you to translate or hire a translator that can be on-site with you at the location.
7. Two common reasons parents decide to take legal action if their child is injured are a lack of communication and the element of surprise. If participants are minors, parents need to be informed in writing with all details regarding the mission trip or service project. This would include but not be limited to the following:
  - a. type of work or activities they would be expected to perform,
  - b. cost (if any)
  - c. departure and arrival dates and times,
  - d. location and contact information where to be reached in case of emergency,
  - e. names of chaperones,
  - f. mode of transportation (i.e. airplane, bus, etc.),
  - g. accommodations,
  - h. parent/legal guardian responsibility



8. A waiver of all claims against the (Arch) Diocese and/or the parish for injury, accident, illness, or death occurring during or by reason of the activity should be obtained from the parents/guardians of each participant under the age of 18. Your diocese may have an approved Parental Permission/Indemnity Agreement or the attached sample can be used. It is important to ensure this form also includes a medical release and health information on the minor participant.
9. All individuals 18 and older also need to complete a waiver of all claims which includes a medical release portion. A sample form is attached.
10. All adult chaperones must follow (Arch) Diocesan requirements to comply with the ***Bishop's Charter for the Protection of Children and Young People***. This would include having a criminal background check conducted and attending Safety Environment training prior to the trip.
11. Determine if any additional insurance coverage will need to be obtained. If this trip will take place outside of the United States, all participants should check with their healthcare provider to ensure their coverage will follow them. If coverage would not apply, arrangements should be made to acquire adequate health insurance coverage for the trip.
12. Arrange a meeting with all participants and parents/legal guardians (if participant is a minor) to fully explain all details of the trip clearly and specifically as well as answer any questions they may have. Written behavior standards should be distributed to each participant requiring signatures to indicate they have read and understand what is expected of them. It should be mandatory that at least one parent/guardian attend this meeting with the participant.
13. Participants should be reminded to bring along any prescription medications or other health items regularly used such as allergy medications or contact solutions.
14. Training should be provided for the type of work and the equipment being used *prior* to the trip, especially if the work involves repair or construction activities.

### **During the Trip**

1. Proper supervision must be provided at all times. What is considered "proper" could vary according to the age of participants and the type of activity. The greater ratio of supervision, the better
2. Participants should be divided into smaller groups with a designated adult leader. A binder with medical release forms and emergency contact names/numbers for each individual should be carried by the designated group leader at all times in case an injury occurs.
3. Since these trips usually involve some type of repair or construction, the safety of the work-site should be determined. It is important to be aware of your surroundings at all times. There are certain job duties that would be considered unacceptable for particular age groups. Attached is a list of acceptable and non-acceptable work activities according to age.
4. Depending upon the type of job or equipment used, Personal Protective Equipment (PPE) may be needed for the task. All PPE should be provided by the group leader.
5. Participants should dress appropriately for the work they are doing and according to the customs and dress standards of the country in which you are working. Shoes must be worn at all times. Long pants should be worn for any construction type activity.

1. A well-stocked First Aid Kit should be present at the work-site. Supplies should be replenished as needed.
2. Rest breaks should be given to participants as needed. Meals should be provided as well as an adequate amount of fluids to ensure proper hydration.
3. Be aware of the conditions of local tap water. Boiled or bottled water as well as bottled or canned beverages are safest. Select foods carefully and avoid raw foods that can't be peeled or boiled.

## **Transportation**

Commercial carrier or contracted transportation is the most desirable method to be used and whenever possible, this mode of transportation should be provided. The use of private passenger vehicles is discouraged and should be avoided if at all possible. If commercial carriers are used (i.e. commercial airlines, trains, or buses), no further information is required. However, if transportation is contracted, signed contracts should be executed with an appropriate hold harmless agreement protecting the parish/school and the (Arch) Diocese. Also, contracted carriers should provide proof of insurance with minimum limits of liability of \$2,000,000 CSL (Combined Single Limit).

### **DO NOT ALLOW 11-15 PASSENGER VANS TO BE USED FOR TRANSPORTATION.**

If a vehicle will be leased, rented, or borrowed to transport participants, appropriate insurance should be obtained. Coverage can be purchased through the rental company or your local agent. If auto coverage is provided through Catholic Mutual, contact should be made with your Member Services Representative.

### **COVERAGE CANNOT BE AUTOMATICALLY ASSUMED FOR LEASED, RENTED, OR BORROWED VEHICLES.**

If a private passenger vehicle must be used, then the following information must be supplied and this information must be certified by the driver in question.

1. The driver must be 21 years of age or older.
2. The driver must have a valid, non-probationary driver's license and no physical disability that could in any way impair his/her ability to drive the vehicle safely.
3. The vehicle must have a valid and current registration and license plates.
4. The vehicle must be insured for the following minimum limits:  
\$100,000 per person/\$300,000 per occurrence.

The attached Driver Information Sheet for each driver must be obtained prior to the trip. Each driver and/or chaperon should be given a copy of the approved itinerary including the route to be followed and a summary of responsibilities.

With the exception of commercial or contracted transportation, the daily maximum miles driven should not exceed 500 miles per vehicle. Also, the maximum number of consecutive miles driven should not exceed 250 miles per driver without at least a 30 minute break.

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**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_  
Parent or guardian's name Child's name

to participate in this parish event that requires transportation to a location away from the parish site.

This activity will take place under the guidance and direction of parish employees and/or volunteers from \_\_\_\_\_

Name of parish

A brief description of the activity follows:

Type of event: \_\_\_\_\_

Date of event: \_\_\_\_\_

Destination of event: \_\_\_\_\_

Individual in charge: \_\_\_\_\_

Estimated time of departure and return: \_\_\_\_\_

Mode of transportation to and from event: \_\_\_\_\_

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend \_\_\_\_\_, its officers, directors, employees

Name of Parish

and agents, and the Arch/Diocese of \_\_\_\_\_, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Arch/Diocese of \_\_\_\_\_, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:



Name & relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of the parish, its officers, directors and agents, and the Arch/Diocese of \_\_\_\_\_, chaperons, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: \_\_\_\_\_  
\_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_  
\_\_\_\_\_



# ADULT LIABILITY WAIVER

Each adult participant, including group leaders and chaperons, must sign this form.

## RELEASE OF LIABILITY/MEDICAL RELEASE

I, \_\_\_\_\_, agree on behalf of myself, my heirs, assigns,  
Full Name  
executors, and personal representatives, to hold harmless and defend  
\_\_\_\_\_, its officers,  
Parish/School (Arch) Diocese  
directors, agents, employees, or representatives from any and all liability for illness,  
injury or death arising from or in connection with my participation in the trip.

In the event that I should require medical treatment and I am not able to communicate my  
desires to attending physicians or other medical personnel, I give permission for the necessary  
emergency treatment to be administered. Please advise the doctors that I have the following  
allergies: \_\_\_\_\_  
\_\_\_\_\_

In case of an emergency and for permission for treatment beyond emergency procedures,  
please contact:

Name: \_\_\_\_\_  
Relationship to me: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Night time phone: \_\_\_\_\_  
Health Insurance Carrier: \_\_\_\_\_  
Insurance ID Number: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Signature Date  
\_\_\_\_\_  
Print name



## TYPES OF MISSION WORK ALLOWED BY AGE GROUP

<u>AGES</u>	<u>ACCEPTABLE WORK</u>	<u>NON-ACCEPTABLE WORK</u>	<u>ACCEPTABLE TOOLS TO USE</u>	<u>PROTECTION EQUIPMENT REQUIRED</u>
10-14	Simple cleaning operations such as dusting, mopping, and sweeping. Light yard work such as raking, picking up branches/leaves. Serving food at designated food distribution sites.	No use of ladders or scaffolding. No handling of toxic materials. No use of power saws or other power-driven woodworking machines. No structural demolition. No operation of chain saws. No operation of motor vehicles or power-driven hoisting apparatus. No excavation operations. No roofing operations or work on or related to roofs.	Ordinary cleaning and yard work tools such as brooms, shovels, rakes, wheelbarrows, mops, rags and buckets.	Long shirt and pants, shoes or work boots, work gloves (as appropriate to nature of work). Also, any Personal Protection Equipment (PPE) required per safety regulations for proper use of specific tools or materials.
15-17	As above, plus simple construction jobs such as putting up drywall, laying floors, tiles, carpets.	No use of ladders or scaffolding. No handling of toxic materials. No use of power saws or other power-driven woodworking machines. No structural demolition. No operation of chain saws. No operation of motor vehicles or power-driven hoisting apparatus. No excavation operations. No roofing operations or work on or related to roofs.	As above, plus hammers, pry bars, crowbars, floor scrapers.	As above
18-20	As above, including more advanced demolition and construction projects.	No use of scaffolding. No handling of toxic materials. No use of power saws or other power-driven woodworking machines unless properly trained. No structural demolition. No roofing operations or work on or related to roofs.	As above, plus drills and simple power tools.	As above
21 and older (Adult)	All work jobs typically expected of a mission worker and appropriate to skill set of volunteer.	No roofing operations or work on or related to roofs.	Any tools as appropriate to nature of jobs.	As above

# DRIVER INFORMATION SHEET

## Driver

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Phone # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

## Vehicle That Will Be Used

Name of Owner \_\_\_\_\_ Model of Vehicle \_\_\_\_\_  
Address of Owner \_\_\_\_\_ Make of Vehicle \_\_\_\_\_  
License Plate # \_\_\_\_\_ Year of Vehicle \_\_\_\_\_  
Registration Expiration Date \_\_\_\_\_ Date of Expiration \_\_\_\_\_

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

## Insurance Information

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Date of Policy Expiration \_\_\_\_\_ Liability Limits of Policy\* \_\_\_\_\_

(\*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000)

**In order to provide for the safety of our students or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the past five years:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.**

## Certification

*I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.*

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

